

(Official Form 1) (12/03)

Document Page 1 of 17

<b>FORM B1</b>		<b>United States Bankruptcy Court</b> <b>Northern District of Illinois</b>		<b>Voluntary Petition</b>																	
Name of Debtor (if individual, enter Last, First, Middle): <b>RUH, RICHARD M.</b>			Name of Joint Debtor (Spouse) (Last, First, Middle): <b>RUH, KATHLEEN M.</b>																		
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names):																		
Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): <b>xxx-xx-0998</b>			Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): <b>xxx-xx-9274</b>																		
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>2865 Walters</b> <b>Northbrook, IL 60062</b>			Street Address of Joint Debtor (No. & Street, City, State & Zip Code): <b>2865 Walters</b> <b>Northbrook, IL 60062</b>																		
County of Residence or of the Principal Place of Business: <b>Cook</b>			County of Residence or of the Principal Place of Business: <b>Cook</b>																		
Mailing Address of Debtor (if different from street address):			Mailing Address of Joint Debtor (if different from street address):																		
Location of Principal Assets of Business Debtor (if different from street address above):																					
<b>Information Regarding the Debtor (Check the Applicable Boxes)</b>																					
<b>Venue</b> (Check any applicable box) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.																					
<b>Type of Debtor</b> (Check all boxes that apply) <input checked="" type="checkbox"/> Individual(s) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____ <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank			<b>Chapter or Section of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13																		
<b>Nature of Debts</b> (Check one box) <input checked="" type="checkbox"/> Consumer/Non-Business <input type="checkbox"/> Business			<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only.) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.																		
<b>Chapter 11 Small Business</b> (Check all boxes that apply) <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101 <input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)																					
<b>Statistical/Administrative Information</b> (Estimates only) <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY																
Estimated Number of Creditors																					
Estimated Assets																					
Estimated Debts																					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;">1-15</td> <td style="width: 12.5%;">16-49</td> <td style="width: 12.5%;">50-99</td> <td style="width: 12.5%;">100-199</td> <td style="width: 12.5%;">200-999</td> <td style="width: 12.5%;">1000-over</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>					1-15	16-49	50-99	100-199	200-999	1000-over	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
1-15	16-49	50-99	100-199	200-999	1000-over																
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\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million														
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\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														

Voluntary Petition (This page must be completed and filed in every case)		Document Page 2 of 17 FORM B1, Page 2	
<b>Prior Bankruptcy Case Filed Within Last 6 Years</b> (If more than one, attach additional sheet)			
Location Where Filed: <b>- None -</b>		Case Number:	Date Filed:
<b>Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor: <b>- None -</b>		Case Number:	Date Filed:
District:		Relationship:	Judge:
<b>Signatures</b>			
<b>Signature(s) of Debtor(s) (Individual/Joint)</b> I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  <b>X</b> <u>/s/ RICHARD M. RUH</u> Signature of Debtor <b>RICHARD M. RUH</b>  <b>X</b> <u>/s/ KATHLEEN M. RUH</u> Signature of Joint Debtor <b>KATHLEEN M. RUH</b>  _____ Telephone Number (If not represented by attorney)  <u><b>October 15, 2005</b></u> Date		<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.  <b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. <b>X</b> <u>/s/ JOSEPH E. COHEN</u> <u><b>October 15, 2005</b></u> Signature of Attorney for Debtor(s) Date <b>JOSEPH E. COHEN</b>  <b>Exhibit C</b> Does the debtor own or have possession of any property that poses a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No  <b>Signature of Non-Attorney Petition Preparer</b> I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.  _____ Printed Name of Bankruptcy Petition Preparer  _____ Social Security Number (Required by 11 U.S.C. § 110(c).)  _____ Address  Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:  If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.  <b>X</b> _____ Signature of Bankruptcy Petition Preparer  _____ Date  A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.	
<b>Signature of Attorney</b> <b>X</b> <u>/s/ JOSEPH E. COHEN</u> Signature of Attorney for Debtor(s) <b>JOSEPH E. COHEN 3123243</b> Printed Name of Attorney for Debtor(s) <b>Cohen &amp; Krol</b> Firm Name <b>105 West Madison Street</b> <b>Suite 1100</b> <b>Chicago, IL 60602-6400</b> Address <b>312-368-0300 Fax: 312-368-4559</b> Telephone Number <b>October 15, 2005</b> Date			
<b>Signature of Debtor (Corporation/Partnership)</b> I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.  <b>X</b> _____ Signature of Authorized Individual  _____ Printed Name of Authorized Individual  _____ Title of Authorized Individual  _____ Date			

Form B6D  
(12/03)

In re **RICHARD M. RUH,  
KATHLEEN M. RUH**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE D. CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests. List creditors in alphabetical order to the extent practicable. If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D  W I F E  J O I N T  C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION IF ANY
Account No. <b>360-44-0998</b>			<b>Tax lien for 1997 and 1998 on residence</b>					
<b>INTERNAL REVENUE SERVICE P. O. Box 145585 Stop 8420G Cincinnati, OH 45250-5585</b>	<b>J</b>							
			Value \$ <b>400,000.00</b>				<b>73,456.64</b>	<b>0.00</b>
Account No. <b>2503301</b>			<b>Automobile Loan</b>					
<b>METRO FEDERAL CREDIT UNION 2440 E. Rand Road Arlington Heights, IL 60004</b>	<b>J</b>		<b>2001 BMW 530 Paid by third party</b>					
			Value \$ <b>20,000.00</b>				<b>28,000.00</b>	<b>8,000.00</b>
Account No. <b>89456016</b>			<b>First Mortgage</b>					
<b>OCWEN FSB 1675 Palm Beach Lakes Blvd. Suite 304 West Palm Beach, FL 33401</b>	<b>J</b>		<b>Residence located at 2865 Walters Northbrook, IL</b>					
			Value \$ <b>400,000.00</b>				<b>291,728.00</b>	<b>0.00</b>
Account No.								
			Value \$					

0 continuation sheets attached

Subtotal  
(Total of this page)

**393,184.64**

Total  
(Report on Summary of Schedules)

**393,184.64**

Form B6E  
(04/05)

In re **RICHARD M. RUH,  
KATHLEEN M. RUH**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotal" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Repeat this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(2).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,000\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507 (a)(3), as amended by § 1401 of Pub L. 109-8.

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$4,925\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(5).

☐ **Deposits by individuals**

Claims of individuals up to \$2,225\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(6).

☐ **Alimony, Maintenance, or Support**

Claims of a spouse, former spouse, or child of the debtor for alimony, maintenance, or support, to the extent provided in 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

\*Amounts are subject to adjustment on April 1, 2007, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

1 continuation sheets attached

Form B6E - Cont.  
(04/05)

In re **RICHARD M. RUH,  
KATHLEEN M. RUH**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)

**Taxes and Certain Other Debts  
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B I T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	TOTAL AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM					
Account No. <b>360-44-0998</b>								
<b>ILLINOIS DEPT. OF REVENUE 100 W. Randolph Street Bankruptcy Section Chicago, IL 60601</b>		<b>J</b>					<b>925.88</b>	<b>925.88</b>
Account No. <b>360-44-0998</b>			<b>2003-2004</b>					
<b>INTERNAL REVENUE SERVICE 230 South Dearborn Street Mail Stop 5010 CHI Chicago, IL 60604</b>		<b>J</b>	<b>2003 (\$18,417.96) 2004 (\$13,897.29)</b>				<b>32,315.15</b>	<b>30,315.15</b>
Account No.								
Account No.								
Account No.								

Sheet **1** of **1** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal  
(Total of this page)

**33,241.03**

Total  
(Report on Summary of Schedules)

**33,241.03**

Form B6F  
(12/03)

In re **RICHARD M. RUH,  
KATHLEEN M. RUH**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community maybe liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. <b>3728 806799 61008</b>						
<b>AMERICAN EXPRESS P. O. Box 0002 Chicago, IL 60679-0002</b>		<b>J</b>				<b>3,401.74</b>
Account No. <b>3737 487691 02008</b>						
<b>AMERICAN EXPRESS CENTURION BANK Suite 0002 Chicago, IL 60679-0002</b>		<b>J</b>				<b>2,899.34</b>
Account No. <b>3713 801948 46009</b>						
<b>AMERICAN EXPRESS TRS Suite 0001 Chicago, IL 60679-0001</b>		<b>J</b>				<b>407.68</b>
Account No. <b>6204643-NAGEZ2-Ref#33171095100</b>						
<b>AT&amp;T c/o Risk Management Alternatives Atlanta, GA 30348</b>		<b>J</b>				<b>162.70</b>
Subtotal (Total of this page)						<b>6,871.46</b>

5 continuation sheets attached

Form B6F - Cont.  
(12/03)

In re **RICHARD M. RUH,  
KATHLEEN M. RUH**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 5396 4200 0291 5891	J					7,289.71
AT&T UNIVERSAL P. O. Box 6018 The Lakes, NV 88901-6018						
Account No. 4851-0032-6015-5367	J					7,638.04
BANK OF AMERICA c/o Gerald E. Moore & Associates P. O. Box 723548 Atlanta, GA 31139						
Account No. 8506852596	J					Unknown
BANK ONE c/o Midland Credit Management P. O. Box 939019 San Diego, CA 92193-9019						
Account No.	J					378.92
BONNIE FLOWER SHOPS, INC. 3400 W. Irving Park Road Chicago, IL 60618						
Account No. 0714 3336 0440 9989	J					8,116.86
BUILDERS SQUARE HRS USA P. O. Box 17602 Baltimore, MD 21297-1602						
Sheet no. 1 of 5 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			23,423.53

Form B6F - Cont.  
(12/03)

In re **RICHARD M. RUH,  
KATHLEEN M. RUH**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 87-2375-936-1	J						1,066.01
CARSON PIRIE SCOTT P. O. Box 5000 Hammond, IN 46325-5000							
Account No. 4226 6103 5764 4752	J						2,722.71
CHASE P. O. Box 52195 Phoenix, AZ 85072-2195							
Account No. 070001099605072 006617690	J						99.00
EVANSTON NORTHWEST HOSPITAL c/o OSI Collection 1375 E. Woodfield Rd., Ste 110 Schaumburg, IL 60173-5447							
Account No. 01110200780403	J						4,093.57
FIRST CHICAGO P. O. Box 466 Butler, WI 53007							
Account No. 4678 060 096 178	J						1,161.25
FIRST CHICAGO P. O. Box 15098 Wilmington, DE 19886-5098							
Sheet no. 2 of 5 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			9,142.54



Form B6F - Cont.  
(12/03)

In re **RICHARD M. RUH,  
KATHLEEN M. RUH**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>4366 1410 2176 7712</b>  <b>FIRST USA BANK</b> <b>P. O. Box 15153</b> <b>Wilmington, DE 19886-5153</b>	<b>J</b>					<b>1,326.09</b>
Account No. <b>51 7708 00269 1 5</b>  <b>HOME DEPOT</b> <b>P. O. Box 105980 Dept. 51</b> <b>Atlanta, GA 30353-5980</b>	<b>J</b>					<b>2,661.42</b>
Account No. <b>6649745-NAGEZM</b>  <b>KOHL'S</b> <b>c/o Risk Management Alternatives</b> <b>P. O. Box 105236</b> <b>Atlanta, GA 30348</b>	<b>J</b>					<b>1,227.23</b>
Account No. <b>3-775-887-779-10</b>  <b>MARSHALL FIELD'S</b> <b>Retailers National Bank</b> <b>P. O. Box 59231</b> <b>Minneapolis, MN 55459-0231</b>	<b>J</b>					<b>3,547.67</b>
Account No. <b>7499 0805 0226 08</b>  <b>MBNA AMERICA</b> <b>P. O. Box 15102</b> <b>Wilmington, DE 19886-5102</b>	<b>J</b>					<b>33,225.43</b>
Sheet no. <u>3</u> of <u>5</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>41,987.84</b>
Subtotal (Total of this page)						<b>41,987.84</b>

Form B6F - Cont.  
(12/03)

In re **RICHARD M. RUH,  
KATHLEEN M. RUH**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No. 5329 0315 3030 5273	J						27,483.28	
MBNA AMRICAN BANK P. O. Box 15026 Wilmington, DE 19850-5026								
Account No. 895 458 9175	J						736.89	
MOBIL OIL MCFC National Bank P. O. Box 15609 Wilmington, DE 19886-4368								
Account No. 1296 923 28	J						675.51	
NORDSTROM P. O. Box 6555 Englewood, CO 80155-6555								
Account No. 0902126377	J						4,269.00	
REPUBLIC NATIONAL BANK OF NY Consumer Credit P. O. Box 2575 Grand Central Sta. New York, NY 10163								
Account No. 8475599945738 - 14556780	J						1,060.60	
SBC c/o Asset Acceptance LLC P. O. Box 2036 Warren, MI 48090-2036								
Sheet no. 4 of 5 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	34,225.28

Form B6F - Cont.  
(12/03)

In re **RICHARD M. RUH,  
KATHLEEN M. RUH**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. 01 52339 57851 9	J					952.50
SEARS Payment Center P. O. Box 182149 Columbus, OH 43218-2149						
Account No. 0151269907516 - 15-052746448	J					910.14
SEARS c/o Merchants Credit Guide Co. P. O. Box 18053 Hauppauge, NY 11788-8853						
Account No. 021 6044845	J					7,684.00
TOYOTA MOTOR CREDIT CORPORATION P. O. Box 9490 Cedar Rapids, IA 52409-9490						
Account No. 000 0002 4573 0981	J					1,680.00
WICKES HRS USA P. O. Box 17602 Baltimore, MD 21297-1602						
Account No.						
Sheet no. 5 of 5 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)  Total (Report on Summary of Schedules)
						11,226.64
						126,877.29

Document Page 12 of 17  
**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **RICHARD M. RUH**  
**KATHLEEN M. RUH**

Debtor(s)

Case No.

Chapter

**13**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	\$	<b>3,000.00</b>
Prior to the filing of this statement I have received.....	\$	<b>3,000.00</b>
Balance Due.....	\$	<b>0.00</b>

2. \$ **0.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: **October 15, 2005**

**/s/ JOSEPH E. COHEN**

**JOSEPH E. COHEN**

**Cohen & Krol**

**105 West Madison Street**

**Suite 1100**

**Chicago, IL 60602-6400**

**312-368-0300 Fax: 312-368-4559**

**United States Bankruptcy Court  
Northern District of Illinois**

In re **RICHARD M. RUH  
KATHLEEN M. RUH**

Debtor(s)

Case No.  
Chapter

**13**

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors: **38**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **October 15, 2005**

**/s/ RICHARD M. RUH**

**RICHARD M. RUH**

Signature of Debtor

Date: **October 15, 2005**

**/s/ KATHLEEN M. RUH**

**KATHLEEN M. RUH**

Signature of Debtor

ALLIANCE ONE  
1160 Centre Pointe Drive  
Suite 1  
Mendota Heights, MN 55120

ALLIED INTERSTATE  
15 Hazel Wood Drive  
Suite 102  
Amherst, NY 14228

AMERICAN EXPRESS  
P. O. Box 0002  
Chicago, IL 60679-0002

AMERICAN EXPRESS CENTURION BANK  
Suite 0002  
Chicago, IL 60679-0002

AMERICAN EXPRESS TRS  
Suite 0001  
Chicago, IL 60679-0001

AT&T  
c/o Risk Management Alternatives  
Atlanta, GA 30348

AT&T UNIVERSAL  
P. O. Box 6018  
The Lakes, NV 88901-6018

BANK OF AMERICA  
c/o Gerald E. Moore & Associates  
P. O. Box 723548  
Atlanta, GA 31139

BANK ONE  
c/o Midland Credit Management  
P. O. Box 939019  
San Diego, CA 92193-9019

Blatt, Hasenmiller, Leibsker & Moore  
125 S. Wacker Drive  
Suite 400  
Chicago, IL 60606-4440

BONNIE FLOWER SHOPS, INC.  
3400 W. Irving Park Road  
Chicago, IL 60618

BUILDERS SQUARE  
HRS USA  
P. O. Box 17602  
Baltimore, MD 21297-1602

CARSON PIRIE SCOTT  
P. O. Box 5000  
Hammond, IN 46325-5000

CAVALRY  
Portfolio Services, LLC  
P. O. Box 1030  
Hawthorne, NY 10532

CHASE  
P. O. Box 52195  
Phoenix, AZ 85072-2195

EVANSTON NORTHWEST HOSPITAL  
c/o OSI Collection  
1375 E. Woodfield Rd., Ste 110  
Schaumburg, IL 60173-5447

FINANCIAL RECOVERY SERVICES, INC.  
P. O. Box 385908  
Minneapolis, MN 55438-5908

FIRST CHICAGO  
P. O. Box 466  
Butler, WI 53007

FIRST CHICAGO  
P. O. Box 15098  
Wilmington, DE 19886-5098

FIRST USA BANK  
P. O. Box 15153  
Wilmington, DE 19886-5153

HOME DEPOT  
P. O. Box 105980 Dept. 51  
Atlanta, GA 30353-5980

ILLINOIS DEPT. OF REVENUE  
100 W. Randolph Street  
Bankruptcy Section  
Chicago, IL 60601

INTERNAL REVENUE SERVICE  
230 South Dearborn Street  
Mail Stop 5010 CHI  
Chicago, IL 60604

INTERNAL REVENUE SERVICE  
P. O. Box 145585  
Stop 8420G  
Cincinnati, OH 45250-5585

KOHL'S  
c/o Risk Management Alternatives  
P. O. Box 105236  
Atlanta, GA 30348

MARSHALL FIELD'S  
Retailers National Bank  
P. O. Box 59231  
Minneapolis, MN 55459-0231

MBNA AMERICA  
P. O. Box 15102  
Wilmington, DE 19886-5102

MBNA AMERICAN BANK  
P. O. Box 15026  
Wilmington, DE 19850-5026

METRO FEDERAL CREDIT UNION  
2440 E. Rand Road  
Arlington Heights, IL 60004

MOBIL OIL  
MCFC National Bank  
P. O. Box 15609  
Wilmington, DE 19886-4368



NORDSTROM  
P. O. Box 6555  
Englewood, CO 80155-6555

OCWEN FSB  
1675 Palm Beach Lakes Blvd.  
Suite 304  
West Palm Beach, FL 33401

REPUBLIC NATIONAL BANK OF NY  
Consumer Credit  
P. O. Box 2575 Grand Central Sta.  
New York, NY 10163

SBC  
c/o Asset Acceptance LLC  
P. O. Box 2036  
Warren, MI 48090-2036

SEARS  
Payment Center  
P. O. Box 182149  
Columbus, OH 43218-2149

SEARS  
c/o Merchants Credit Guide Co.  
P. O. Box 18053  
Hauppauge, NY 11788-8853

TOYOTA MOTOR CREDIT CORPORATION  
P. O. Box 9490  
Cedar Rapids, IA 52409-9490

WICKES  
HRS USA  
P. O. Box 17602  
Baltimore, MD 21297-1602